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ABSTRACT

This chapter addresses the issue of when counselors should suggest to their clients that their family members should become involved in the counseling process. Family systems theory and its application are reviewed, with a special focus on issues involving communication, problem solving, family roles, and boundaries. Family systems theory is a paradigm shift that views problems in an entirely different way than do approaches that focus on the individual. Systems theory helps counselors recognize that many presenting problems in counseling have nothing to do with intrapsychic issues. The author notes that helping a client to develop healthy ways of communicating, problem solving, establishing roles, and delineating boundaries may make all the differences when presenting problems are due to, or exacerbated by, imbalances in the family system. (Contains 20 references.) (GCP)

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Identifying the Need for Family Involvement

by

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Chapter Two

Identifying the Need for Family Involvement

David M. Kaplan

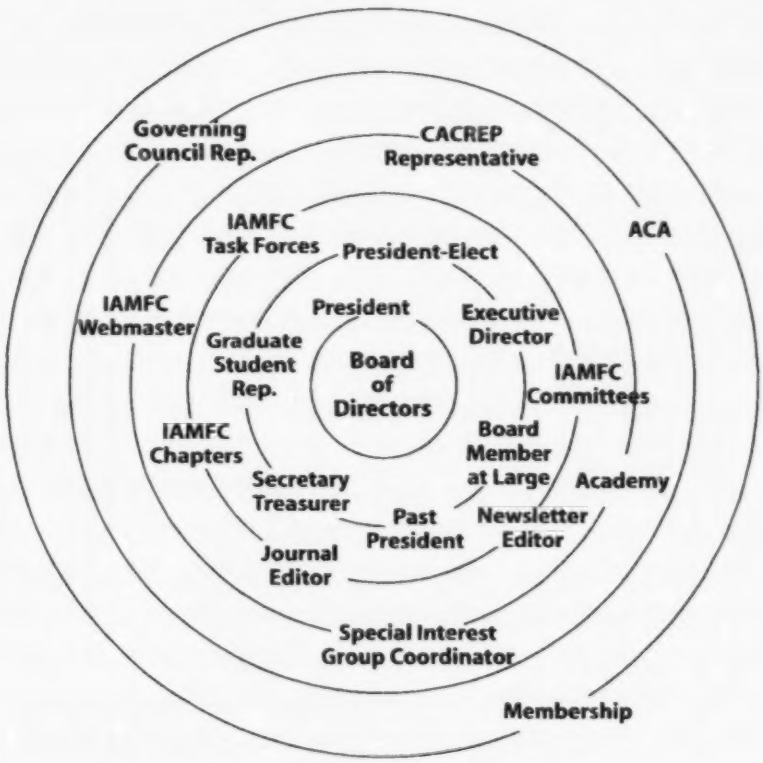
So when do you suggest to clients that they bring family members into your office? When the theoretical framework that best fits a particular counseling situation is family systems theory. Let's review family systems theory and its application.

Family Systems Theory

It has been said that family systems theory is not just another theoretical framework but a major *paradigm shift;* that is, an entirely different way of thinking. Let's look at the International Association of Marriage and Family Counselors (IAMFC) organizational chart as an example. Traditional organizational charts are a linear and hierarchical representation of the chain of command. As Figure 1 shows, the systems theory provides a very different way of viewing the structure of an organization. As stated on the IAMFC web site, "This organizational chart reflects the systemic nature of IAMFC and our belief that all members and leaders play a vital role in our

mission of promoting excellence in the practice of couples and family counseling. The collaborative nature of entities is represented by both the bidirectional flow of information and the flow of services from the inner circle out towards the most important circle: the membership" (International Association of Marriage and Family Counselors, n.d.). For practitioners immersed in the world of individual counseling, family systems theory requires this type of paradigm shift and ability to think "outside the box."

Figure 1.The International Association of Marriage and Family Counselors Organization Chart



The origination of family systems theory is often credited to Ludwig von Bertalanffy (1968). However, many of us who are at least thirty years old received our first exposure to systems theory in the early 1970s with the advent of Earth Day. At that time the

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American public became aware that different parts of our environmental system, or ecosystem, are strongly interrelated. For example, we began to understand that sulfur emissions from industrial smokestacks in the Midwest were acidifying lakes and killing large quantities of fish in New England. We began to see that refrigerant used in automobile air conditioners could be depleting the ozone layer many miles above the earth and increasing the risk of skin cancer.

With this recognition of the interdependence of seemingly unrelated parts of the ecosystem (who would have thought a smokestack in Ohio had anything to do with dead fish in Vermont?), it became natural for many counselors to gravitate toward a theory that viewed families in the same way. Counselors and therapists exposed to systems theory began to see that separate family members are interdependent and have a great effect on each other. They also began to see that, as is true in nature, the family tries to maintain a balance (called *homeostasis*) that allows life to run smoothly. For example, I counseled a family where the father was gone for long stretches of time due to his employment in the Navy. The eldest daughter became her mother's best friend and confidant, helping to meet Mom's need for a partner. This homeostasis worked well for the family: Dad provided Mom with emotional intimacy when he had shore leave, and the daughter provided it when Dad was at sea. Then Dad retired. The family system was not set up for Dad to be around on a constant basis and to be the primary provider of Mom's intimacy. The change in the family caused the daughter to feel neglected and cast aside, upsetting the homeostasis. As a result, she started to express her anger by refusing to do any chores or to spend time with her parents. A previous therapist had diagnosed her with oppositional defiant disorder. I was much less interested in the diagnosis than I was in helping the family to develop a new homeostasis where appropriate parent-child intimacy could replace the mother-daughter adult intimacy that was no longer needed.

It is the family's need for balance that grounds the approach of systems-oriented counseling (Napier & Whitaker, 1978). The remainder of this chapter focuses on four basic components of homeostasis: communication, problem solving, roles, and boundaries.

These components are important to understand because homeostatic problems in any one can contribute significantly to common presenting problems across counseling specialties.

Communication

Virginia Satir is often credited as a pioneer who helped us understand both how important constructive communication is in maintaining balance in a healthy family and also how poor communication leads to myriad presenting problems in counseling (e.g., Satir & Baldwin, 1983). If you are new to systems theory, three aspects of communication that you may wish to focus on with your clients are *frequency of communication, quality of communication,* and *triangulation.*

Frequency of Communication

Stinnett and DeFrain (1985) point out that in order to have good-quality communication, a family must first have a sufficient *quantity* of communication (i.e., if family members don't spend time talking to each other, they are in big trouble). The stereotype of a family that has little communication has been one in which the father is a truck driver, constantly on the road and therefore never around to talk to his wife and children. Especially in this day and age, however, a parent does not need to be physically absent in order for family members to spend little time together. Given both the number of single-parent families where the custodial mother or father has to work and the number of dual-parent households where both partners work, it is easy for many families to spend all their free time catching up on chores and errands. Add to this the number of children who are involved in innumerable extracurricular activities such as work, sports, and theater productions, and you end up with families that just don't have time to see each other (Ventura, 1995). In fact, this problem of lack of shared time has become so common that it has been somewhat facetiously labeled "temporal deficit disorder" (Walchek, 1995).

It is interesting to compare mainstream Anglo culture with that of the Amish. Most of us know that Amish homes do not have modern conveniences such as electricity, television, telephones, or automobiles. What is not as well known is the reason why these tools are rejected. Each Amish district evaluates any new technology on the basis of whether it promotes family and community relationships (Kraybill, 1994). The technology is approved for use only if it enhances these relationships. The Amish feel that without the previously mentioned modern conveniences, neighbors interact more and rely on each other for help. Families spend time interacting together in the evening rather than staring at a television set, working in isolation on a computer, or talking to a non–family member on the telephone. It would seem that temporal deficit disorder is not a systemic problem in the Amish culture.

When a family gets out of balance due to not spending enough time together, one member will often come to a counselor's office (typically for individual therapy) with a presenting problem of loneliness, isolation, and depression. Insufficient contact with other family members may show up in schoolchildren as rebelliousness ("acting out"), oppositional behavior ("looking for attention"), and plummeting grades. As an example, a woman came to my office asking for help in dealing with depression. As we talked, it became clear that she felt isolated and very lonely. She worked as a lounge waitress from six in the evening until two in the morning. As a result, she was on an entirely different schedule than her husband and school-aged children. She described her relationship with her family as "two ships passing in the night." No wonder she was depressed. The family was clearly out of balance in terms of frequency of communication. (Chapter Six discusses interventions to restore balance to communication.)

Quality of Communication

The quality of a family's communication has a significant influence on homeostasis. One aspect of communication quality involves the rules family members use when they talk to each other (Satir &

Baldwin, 1983). Certain rules about how family members express anger and affection to each other can facilitate a healthy balance and good feelings in a family. These rules include no put-downs, no cursing, no yelling and screaming, and limiting fights to 15 minutes or less. Families that break these rules on a regular basis often enter counseling with parents who feel out of control and children who talk back or curse in school and exhibit low self-esteem. With regard to the cursing issue, an interesting question to ask parents of a child who uses foul language in school is: Who else uses those exact words? The parents usually state that it is the child's friends. The child, however, often acknowledges that those words were modeled after one or both parents. Therefore, encouraging the parent or parents who curse at home to discontinue using that vocabulary around the family (sometimes more easily said than done) may greatly help a student discontinue using the same language in school.

Triangulation

Triangulation refers to the recruitment of one family member by another to take sides against a third family member (Bowen, 1971). In counseling situations, we typically see a parent who asks a child, either overtly or covertly, for help against the other parent. A common example occurs in divorce situations, where a parent may tell the children what a terrible person his or her former spouse is, using such statements as, "Your father is a no-good womanizer" or "Your mother ruined the family by running up charge cards." Left unchecked, this triangulation can escalate into a game called "cut down," where each parent attempts to get the children to blame the divorce and marriage problems on the other (Bridgeman & Willis, 1976).

Cut down creates serious problems for the children because it forces them to triangulate and choose sides. Do they believe Mom when she tells them what a rotten husband Dad was and that he never pays the child support on time, or do they believe Dad when he says that Mom is a tramp and sleeps around? I remember one parent attempting to justify venomous comments to the kids about a former

spouse by stating that this was simply telling the truth. I tried to explain that this "truth" was forcing the children into the middle of an adult war. Children do not want to have to choose sides in a divorce; they want to be unconditionally loved and accepted by both parents. And, interestingly, cut down usually backfires because the children typically side against the parent who is making the nasty remarks. I have had a number of children of divorce say to me, "If Dad is saying those bad things about Mom when she is not around, he is probably saying bad things about me when I am not around." Being forced into triangulation through the cut down game may lead children to enter individual counseling with such presenting issues as extreme anxiety, dysthymia, depression, nightmares, school problems, and even suicidal ideation (because death is seen as an escape).

One approach to this situation involves working to help the parents understand that the divorce was between the two adults. Encourage the parents to tell the children on a regular basis that their mother will always be their mother, their father will always be their father, and that they do not need to choose between them. You can also help parents practice dealing directly with each other about sources of anger, rather than talking to the children about the former spouse (Bridgeman & Willis, 1976).

Although I have focused on facilitating communication within families, counselors who work as business consultants or career development specialists may want to note that these issues also pertain to maintaining a healthy balance in the work environment. It is important for coworkers to talk to each other on a regular basis, to implement healthy rules about how ideas are communicated, and to refrain from triangulation (for example, where two or more employees team up against another employee or the boss). Disruption of healthy communication in the work site may cause a client to present with similar problems as when family communication is disrupted: anxiety, isolation, depression, and in extreme situations, suicidal ideation.

Problem Solving

If you are perceptive, you will find that many clients feel depressed,

anxious, or hopeless because important family problems are never solved and keep coming up over and over. In their 1978 book, *The Family Crucible,* Augustus Napier and Carl Whitaker point out that the same or similar difficulties often can be traced through several generations of a family. For example, parents who come to counseling because their children refuse to take school seriously may have a family history of grandparents and great-grandparents who felt the same way about school. Another family may have a history of alcohol abuse that has caused disruption for many decades. Therefore, teaching effective problem-solving skills may be an essential component in allowing families to resolve conflicts effectively—sometimes for the first time in generations. Three problem-solving skills that promote healthy homeostasis in families are *the art of compromise, developing healthy family rules,* and *becoming comfortable with change.*

The Art of Compromise

One of the reasons families may fall into an unhealthy cycle of recurring fights and arguments over a period of months, years, or generations is that they learn to put themselves in a win-lose situation. In other words, these families fight as if they were embroiled in an adversarial legal system where somebody has to win and somebody has to lose. In such a situation, the combatants dig their heels in, becoming bound and determined to get their way and not to lose face. Given that other family members are equally determined to get their way, the problem is never resolved.

As an example, I counseled one couple who fought over how much money should be saved toward retirement. One partner felt that at least 20% of their gross income should be put in savings, while the other partner wanted to live for today and spend everything. This couple had recurrent fights because they could not agree either to save 20% or to save nothing. Another example involved a family where the parents were having bitter arguments with their teenage children. Mom and Dad were determined that their kids would go to

college, a scheme the children wanted no part of. The fighting could not be resolved because the family could not agree which side won.

An approach to these situations is to help the family understand that they have put themselves in a win-lose situation. You can then propose an alternative course of action that sets up a cooperative win-win situation where everyone can feel successful. To do this, you can teach the art of compromise by helping the family brainstorm a new solution different from any of those proposed by individual members. In the previous example, where the couple was fighting over how much money to save toward retirement, I asked each partner to come up with a third possibility that was not exactly what either partner wanted but was close enough for both to feel comfortable. I explained that it was important for the final solution to be different than either of the original positions because that allowed both husband and wife to save face. The partners were willing to enter into negotiations and subsequently agreed to save 10% of their family income.

In the example of the family fighting over the children attending college, we brainstormed alternatives to full-time enrollment and explored options for returning to school in the future if the children decided to pursue full-time employment immediately after high school. The family finally settled on a compromise that all could live with. The children agreed to get full-time jobs upon graduation but to enroll in college and take at least one course as part-time students for the first two semesters after high school.

Developing Healthy Family Rules

Unresolved problems may be passed on from generation to generation because the family has developed unhealthy rules around these problems (Napier & Whitaker, 1978). As an extreme example, fathers who commit sexual abuse may come to a counselor (often because of a court order) stating that incest is a proud tradition in their family and is taught to sons by their fathers. As one father stated to me during a counseling session, "Who better to break in my daughter than her own father?" Obviously, it can be very useful to help the

family identify such an unhealthy rule and understand why they need to change it.

Family rules that were developed in previous generations also may cause problems when they have outlived their usefulness but continue to be followed. I remember a particular career counseling client, a high school senior who steadfastly refused to consider any type of postsecondary training after high school. This obviously limited the options we could explore. I became curious as to why he refused to consider postsecondary education, given that he reported liking most of his high school classes. I found the answer while exploring the rules his family had about work. It turned out that he came from a long line of farmers. The family had established a rule long ago that one earns one's keep in society by hard, physical work. This rule was quite useful 100 years ago because many important jobs required manual labor. My role was to help the student understand that in modern times, this rule could have serious negative consequences because our society has become one where service and technical jobs are prevalent.

Getting Used to Change

Haley (1982) points out that a third important reason why families may have trouble solving problems is because change in a family's homeostasis is often difficult and uncomfortable. For example, a single parent may be fully aware that working an evening shift and leaving the children alone when they get home from school is problematic. Changing this situation may be very difficult, however, if no first shift positions are available or the pay differential is needed to support the family. A mistake that counselors often make in this type of situation is to expect too much from individuals and families by demanding that they implement healthy changes at the snap of a finger. (For example, stating to the parent in this situation, "There are no excuses; you have to find a day job.") When a counselor makes too many suggestions and expects changes to occur too quickly, families and individuals will often respond by dropping out of counseling.

Haley proposed that an alternative to expecting families to move immediately from unhealthy to healthy positions is to encourage families to get used to the process of change in ways that feel safe, even if this initially means moving from one unhealthy pattern to another. Using paradoxical techniques may be useful in these situations (Haley, 1982). As an example, a mother and father came for counseling because their adolescent daughter refused to come home at night. The parents were insisting that their daughter be home by 7:30 on school nights, but the child was insisting that she should be able to stay out as late as she wished. After many attempts to introduce effective problem solving (changing from a win-lose to a win-win situation as discussed previously), the family was not better off. Therefore, I decided to follow Haley's suggestion and help the family become comfortable with change by moving from one dysfunctional system to a different dysfunctional system.

I suggested an experiment where the girl had to stay out until at least 2:00 a.m. every night for two weeks. She could not under any circumstance set foot in the house before that time. (Provisions were made to ensure the daughter's physical safety, and the International Association of Marriage and Family Counselors 1993 ethical guidelines for intrusive interventions were followed.) The daughter immediately agreed to this experiment with a gleam in her eye. The parents were hesitant, but they had developed a relationship of trust with me and therefore decided to give it a try. All parties understood that they could phone me at any time in an emergency.

Four days into the experiment, the young woman called and asked for an immediate session. When the family came to my office, the daughter stated that she wanted to stop the exercise because she was bored to death. She had been staying out late at night, and all her friends had gone home around 10:00 or 11:00 p.m. Consequently, the girl reported that she ended up sitting on her doorstep for three hours every night, waiting to be let into the house. I then asked both parents and daughter what they felt would be a reasonable solution to this problem. The response on both sides was a willingness to negotiate a curfew that, although somewhat later than what the parents wanted and earlier than what the daughter wanted, was reasonable.

Roles

So far, I have mentioned three pioneers of family systems theory: Virginia Satir, Carl Whitaker, and Jay Haley. A fourth, Salvador Minuchin, is often credited with helping us understand how important family roles are in maintaining a healthy balance in life.

When we focus on roles in a family, we are not speaking of gender stereotyping; for example, that men take out the garbage and women do the vacuuming. Rather, two important roles that family systems theory focuses on are those of parent and child (Gladding, 1995). To maintain a healthy family balance, it is important for parents to take on the responsibilities that come with that role and to allow children to be children (Minuchin & Fishman, 1981). When families get out of balance, these roles sometimes will be reversed: parents become the children and the children are asked to assume a parental role. One situation where this reversal may happen is when a father dies. The mother and extended family may ask the oldest son to become "the man of the family." This puts a great deal of pressure on the child to assume adult responsibilities before he is ready to do so and may result in depression, low self-esteem, and feelings of inadequacy and failure. These symptoms are a direct result of the son thinking that he must be a terrible person because he can't help his mother by successfully replacing his father as the man of the family.

A second example is seen in an estranged marriage and typically involves a daughter. It is not unusual for mothers in emotionally distant marriages to ask a daughter to take on the role of confidant to help her deal with loneliness. This places the daughter in the difficult position of listening to personal disclosures about such issues as sexuality and personal finances that really should be discussed with another adult.

Many parents in unhappy marriages who "stay together for the sake of the children" wait until the last child has left home to separate and file for divorce. As a result, counselors working in college counseling centers (or with young adults) need to be attuned to role

reversals. I remember one freshman who had made a quick decision in the middle of the fall semester to pack up and go home immediately. Her father had just moved out of the family house and into the apartment of a woman 20 years younger than he. Tears flowed freely as the student explained that she loved college and hated to leave, but she needed to take care of her devastated mother. I asked the student if we could conduct a conference call with Mom. During the call, I asked the mother if she wished her daughter to leave college to take care of her (a role reversal). Mom stated emphatically that she did not want that to happen and that she would rely on the support of other family members, friends, and her therapist to get through the trauma. A look of relief came over my client's face as she realized she was off the hook. She waited until the semester ended to go home and successfully completed her college career without interruption.

There are other situations where sons and daughters commonly are asked to become adults, and identifying and helping children return to their proper role in these instances can be an important counseling goal. Children of single parents may be asked to take on greater responsibility than they can handle because of the absence of a second parent in the household. Children of mentally ill adults may be placed in the position of taking care of their parent because of the incapacitating nature of mental illness. In both of these situations, children may be expected to do adult chores such as bill paying and managing the household, or to take care of themselves or younger siblings without supervision for long stretches of time.

A final role-related problem occurs when parents decide to become best friends with their children. There is absolutely nothing wrong with wanting to be close to a son or daughter. However, crossing the line of becoming a child's best friend typically establishes a family homeostasis that disrupts both the parents' and the child's lives. As an example, I have worked with parents who, in an attempt to be buddies, regularly smoke pot with their child. I have also worked with parents who are so wrapped up in their relationship with their child that they become jealous and angry when their son or daughter spends time with peers. Finally, I suspect most of us know more than one parent who became clinically depressed upon their child growing

up and leaving home because of the void created by a lack of quality adult relationships. Given the frequency of these types of situations, I and many other family counselors have the philosophy that family roles are best kept in a healthy balance when parents have another adult as their best friend and children have another child as their best friend.

Boundaries

Boundaries refer to the amount of emotional distance we have from the people we care about (Minuchin, 1974). Family systems pioneer Murray Bowen (1978) helped us to understand that maintaining a healthy balance in relationships with the people one cares about is important for one's mental health. Neither being too distant (which we now refer to as *disengagement*) nor being too closely involved (which we now refer to as *enmeshment*) with one's family members is healthy.

Disengagement

As I discussed in the communication section, many families in this day and age simply do not spend enough time with each other. The result may be disengagement that leaves family members feeling isolated and terribly alone. Clients in such a situation may come to counseling not only with feelings of isolation and aloneness, but also with symptoms such as depression, alcohol abuse (an attempt to cover up the pain), or rebellious behavior (an attempt to get attention from other family members). With regard to rebellious behavior, it is often useful to investigate whether children labeled with conduct disorder or oppositional defiant disorder (American Psychiatric Association, 1994) are acting out in an attempt to become less disengaged from their parents.

I will never forget one client who crystallized the concept of disengagement. She was a woman in her early twenties who wanted help with bulimia. I asked her when the problem started, and she told

me the following story:

> My parents had been drifting apart for many years. By the time I was in high school, they were sleeping in separate bedrooms, cooking separate meals, living separate lives and virtually never speaking to each other. When I was a junior, they decided to separate. My mother assumed that my father would stay in the house and took off for California. My dad assumed that my mom would stay in the house and moved to Michigan. My younger sister and I were abandoned until one of my parents called two weeks later and realized what had happened. That was when I started to purge.

In subsequent family counseling sessions, the father confirmed the veracity of this story of extreme disengagement.

Enmeshment

Enmeshment describes families who have "too much of a good thing": they are too close to each other (Minuchin, 1974). Members of an enmeshed family tend to lose their individual characteristics and autonomy, causing a feeling of loss of control.

When I was a college counselor, I often liked to walk around campus on the first day of school to meet and greet the students and their families and make sure that everything was going smoothly. Periodically, I ran into parents who said, "*We* are going to college." These parents identified themselves too closely with their children and felt as if the whole family were attending the institution. I then diplomatically responded to the parents that their *child* was going to college and that *they* were going home.

The loss of individual identity to family identity may result in a lack of privacy in the home of an enmeshed family. Family members may not close the bathroom door when using the facilities, and parents often do not allow their children to shut their bedroom door. One 22-

year-old client who still lived at home and felt the need for more privacy put a lock on her bedroom door. The father promptly took the door off its hinges.

Problems resulting from enmeshment often present themselves in counseling as issues of control, of clients who feel that they are not in charge of their lives. A classic example is anorexia. Women with anorexia often come from enmeshed families and typically are very up front about the fact that their eating disorder is a way to gain some of the control over their lives that they feel their parents have taken away (Minuchin, 1984). It is not unusual to hear clients with anorexia say, "If I can't control my life and my parents insist on telling me everything that I have to do, at least I can control my own weight." Therefore, when enmeshment may be an issue in a family, any intervention that helps individuals regain appropriate control of their lives can be very useful. For example, having the client write an essay entitled, "Who I Am" is one way to begin the process of exploring how the client is unique and has different characteristics, goals, and rules than parents and siblings.

Enmeshment may also put pressure on a family member to be perfect and constantly strive for the highest level of achievement. This pressure occurs because the individuals do not merely represent themselves; they represent the family. Therefore, a failure means that the family has failed. As such, enmeshed families often present themselves to the world as the perfect family whose motto is "Everything is fine." The unwillingness to acknowledge, discuss, or problem-solve conflict may create a great deal of stress (especially in children). Working with enmeshed families can be a real challenge because they often sit in your office telling you how great everything is. A number of times I have had to look parents in the eye and say, "If everything is fine, why did your child attempt suicide?"

The perfectionist aspect of enmeshment may also lead to the family rule that family members' accomplishments are never good enough. Children who make the honor role may be quizzed as to why they didn't make the high honor role. Parents may feel pressured to achieve constantly at work. Young adults who graduate from college may be expected to pursue a graduate degree whether they want to or

not. All of these examples reflect the enmeshed family's unwillingness to allow members to pat themselves on the back for a job well done and to take a rest. As would be expected, the result is a great deal of tension, and clients in this situation often state that they want help in reducing anxiety or coping with stress.

Interdependence

Interdependence is the name given to the healthy balance between disengagement and enmeshment. It is the best of both worlds because whereas disengagement is problematic due to the resulting sense of isolation, it has the advantage of allowing each family member to develop an individual identity. Enmeshment, on the other hand, produces problematic issues with control but is advantageous in that it produces intimacy. Interdependence is a healthy balance in which family members are close enough to develop intimacy, yet separate enough to develop individual identities. This balance is achieved in counseling by helping family members learn to allow for individual differences and yet remain close and intimate. Methods for helping clients achieve interdependence will be discussed in chapter 6.

Conclusion

Family systems theory is a paradigm shift that views problems in an entirely different way than do approaches that focus on the individual. Systems theory helps us to recognize that many presenting problems in counseling have nothing to do with intrapsychic issues. Rather, they are a reflection of problems in the homeostasis of a client's family. Helping your client to develop healthy ways of communicating, problem solving, establishing roles, and delineating boundaries may make all the difference in the world when presenting problems are due to, or exacerbated by, imbalances in the family system.

This chapter is a beginning, and I encourage you to explore family systems theory in greater depth. The following annotated list of classic texts can get you started. They are listed in order of

suggested reading sequence:

Napier, A., & Whitaker, C. (1978). *The family crucible.* New York: Harper & Row.

The Family Crucible is one of my favorite books. If you don't get excited about systems theory after reading this book, you might want to check your pulse. *The Family Crucible* includes a thorough list of suggested readings.

Satir, V. (1964). *Conjoint family therapy.* Palo Alto, CA: Science & Behavior Books.

Any book by Satir is useful in understanding the importance of communication in families and how to change dysfunctional patterns to functional ones.

Minuchin, S., Rosman, B. L., & Baker, L. (1978).*Psychosomatic families: Anorexia nervosa in context.* Cambridge, MA: Harvard University Press.

You get two for the price of one with this book. It provides insight into the importance of understanding and changing family roles and boundaries, as well as the family dynamics of eating disorders.

Haley, J. (1982). *Problem solving therapy* (2nd ed.). San Francisco: Jossey-Bass.

This excellent and intriguing book addresses how to use paradoxical interventions to produce a lot of change in a short amount of time. This is probably not the first family systems theory book to read, because paradox is one of the riskiest and most powerful interventions available, and the book might intimidate you if you aren't familiar with alternative approaches.

References

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, D.C.: Author.

Becvar, D. S., & Becvar, R. J. (1993). Family therapy: A systemic integration (2nd ed.). Needham Heights, MA: Allyn & Bacon.

Bertalanffy, L. von. (1968). *General system theory: Foundation, development, applications.* New York: George Braziller.

Bowen, M. (1971). The use of family therapy in clinical practice. In J. Haley (ed.), *Changing families: A family therapy reader* (pp. 159–192). New York: Grune & Stratton.

Bowen, M. (1978). *Family therapy in clinical practice.* New York: Jason Aronson.

Bridgeman, J. A., & Willis, B. A. (1976). *Pain games II* [Film]. (Available: Johnson County Mental Health Center, Olathe, KS).

Gladding, S. (1995). *Family therapy: History, theory, and practice.* Englewood Cliffs, NJ: Prentice Hall.

Haley, J. (1982). *Problem solving therapy* (2nd ed.). San Francisco: Jossey-Bass.

International Association of Marriage and Family Counselors. (1993). Ethical code for the International Association of Marriage and Family Counselors.

The Family Journal: Counseling and Therapy for Couples and Families, 1, 73–77.

International Association of Marriage and Family Counselors. (n.d.) *Organizational chart.* Retrieved January 2, 2001, from the World Wide Web: www.iamfc.org/leadership.htm.

Kraybill, D. B. (1994). War against progress: Coping with social change. In D. B. Kraybill & M. A. Olshan (eds.). *The Amish struggle with modernity* (pp. 35–50). Hanover, NH: University Press of New England.

Minuchin, S. (1974). *Families and family therapy.* Cambridge, MA: Harvard University Press.

Minuchin, S. (1984). *Family kaleidoscope.* Cambridge, MA: Harvard University Press.

Minuchin, S., & Fishman, H. C. (1981). Family therapy techniques. Cambridge, MA: Harvard University Press.

Napier, A., & Whitaker, C. (1978). *The family crucible.* New York: Harper & Row.

Satir, V., & Baldwin, M. (1983). *Satir step by step.* Palo Alto, CA: Science and Behavior Books.

Stinnett, N., & DeFrain, J. (1985). *Secrets of strong families.* Boston: Little, Brown & Co.

Ventura, M. (1995). The age of interruption. *The Family Therapy Networker, 19*(1), 18–31.

Walchek, A. (1995). Breathless [Letter to the editor]. *The Family Therapy Networker, 19*(3), 9.

Note

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